

**Report to the KCC. Health Overview and Scrutiny Committee
January 9th 2008**

Hygiene Code and Standards for Better Health Compliance

1. Introduction

Eastern and Coastal Kent Primary Care Trust has two components:

- Eastern and Coastal Kent Community Services – Health Care Service Provider
- NHS Eastern and Coastal Kent – Commissioner

The following report has two sections to capture both the provider and commissioning elements of the organisation.

The report gives an update for the HOSC on the process for ensuring improved compliance against Standards for Better Health and the Hygiene code in 2008/09.

The paper explains the current position in relation to the relevant standards outlines progress achieved for the current year and explains the assurance processes within the PCT to ensure improvement against the core standards.

SECTION 1

2. Current Position for Eastern and Coastal Kent Community Services

2.1 Standards for Better Health Compliance

Standard	2006/07	2007/08	2008/09 estimated	Notes
C4a Infection control				Compliant from end March 2008
C4c Decontamination of medical devices			Compliant by end March 2009	No SLA with Medway Foundation Trust for Swale decontamination activity. Now rectified. More stringent guidance on management of bench top sterilizers. Action plans in place and monitored to mitigate risks
C21 Clean Safe Environments				All clinical sites audited monthly to assess cleaning standards, scores averaging at 93%

Figure 1

2.2 MRSA Bacteraemias

MRSA Bacteraemias	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Year to date
Eastern and Coastal Kent Community Services	0	0	0	0	0	0	0	0	0
Other Community Healthcare providers	1	2	1	1	1	1	0	0	7

Figure 2

Figure 2 shows the number of year to date MRSA bacteraemias attributed to the community.

The community sector includes GP practices, the care home sector, independent sector and prisons.

From 2009/10 community MRSA bacteraemia trajectories will be set:-

- There have been no cases attributed directly to Eastern and Coastal Kent Community Services
- Robust Root Cause Analysis is undertaken for each individual case

2.3 Clostridium Difficile Infection

<i>Clostridium difficile</i>	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Year to date
Eastern and Coastal Kent Community Services	0	0	0	0	0	1	2	2	5
Other Community Healthcare providers	10	8	9	6	8	12	4	11	71
Combined Community Trajectory	16	16	16	16	16	15	15	15	125

Figure 3

Figure 3 shows the number of year to date *Clostridium difficile* cases attributed to Eastern and Coastal Kent Community Services. The community sector includes GP practices, the care home sector, independent sector and prisons.

- A root cause analysis is undertaken for each case of *Clostridium difficile* infection.

- There has been a year on year reduction in Community Hospital cases as indicated in Figure 4

Year	Number of <i>Clostridium difficile</i> cases
2006/07	18
2007/08	7
2008/09	5 Year to date

Figure 4

2.4 Deal Hospital Outbreak

Of the 5 cases, 3 occurred in an outbreak in Deal Hospital:-

- The outbreak was reported and investigated as a serious untoward incident.
- Unable to determine the source of infection as the first two patients had been in the local acute Trust as well as a Community hospital
- Third case attributed to Community hospital

Root Cause Analysis Findings:-

- A delay in communicating of laboratory results resulting in a delay in deep cleaning, as infection status of patient not known
- No clear documented rationale for the prescribing of antibiotics

Changes in Practice as a result of Root Cause Analysis:-

- Robust communication system now in place for informing Community Hospitals of laboratory results.
- Dr Chandrakumar (Director Kent Health Protection Unit) has written to all GPs reminding them of antibiotic prescribing guidelines and the need for good documentation.
- Antibiotic prescribing documentation will be audited by the antibiotic prescribing advisor

3. Hygiene Code Performance Report

Appendix one shows the monthly performance report against the hygiene code for Eastern and Coastal Kent Community Services. The reasons for the 5 indicators still designated as amber are explained with the actions planned to address these gaps.

4. Changes made in practice to improve infection control

- The infection prevention link worker network expanded from 30 at the beginning of the year to over 150, and includes representatives from all clinical services.
- Link workers ensure policies are available in the workplace and that staff are aware of these, they assist in the induction of new staff
- The link workers are at the forefront of promoting good hand hygiene, which is the single most effective intervention to prevent HCAs.

- The link worker programme includes all disciplines of clinical staff and hotel services staff, to promote cooperative working and an understanding of the rationale behind different cleaning requirements.
- The National Patient Safety Agency 'cleanyourhands' campaign has been made available to community services, implementation commenced in July 2008.
- Each member of staff has their hand hygiene knowledge and technique assessed annually (by the infection prevention link worker); which is reported to the Performance Board on a monthly basis.
- Community Hospital staff have training and support in the assessment of patients with diarrhoea in order to ensure prompt isolation and treatment of patients if necessary

5. Successes, challenges and issues in implementing the Hygiene Code

5.1 Community Services

- A more educated workforce by improving the quality and accessibility of training
- Infection prevention and control training now includes all clinical and non-clinical staff that have any contact with service-users, equipment or premises.
- All clinical services maintain their own database of training, thus ensuring compliance with training
- Expansion of the link worker programme to support engagement and ownership of infection prevention at the service level.
- The major challenge has been in creating an infection prevention service from scratch, as prior to December 2007 this was not coordinated as no specialist was in post.

6. Framework for assurance in Standards for Better Health

Following the April 08 declaration an action plan was developed picking up the gaps in evidence identified in the validation panels. Clear milestones for actions were identified and monitored monthly by a community services performance group attended by the community services chief operating officer and deputy director of assurance for the PCT.

An interim report was presented to the November Board outlining any changes to the guidance, process for assurance for 08/09 declaration and progress against the action plan.

The process for assurance is mirroring that of last year which was assessed by the internal auditors as having:

“Significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation’s objectives, and that the processes applied by the PCT stand up to scrutiny and should result in an accurate declaration.”

6.1 Eastern and Coastal Kent Community Services

- Community Services are managing their own validation process before presenting to the PCT validation panels in February. A standards for better health co-ordinator has been appointed to ensure a robust process is in place.
- In November 08, senior managers heard presentations from each standard lead and had the opportunity to question the evidence presented to ensure it was sufficient to show compliance.
- A report was developed outlining the themes and gaps identified which was presented to the December 08 integrated governance sub committee.
- The Hygiene code is monitored monthly by the community services performance group, as is progress against Standards for Better Health.

7. Performance management

7.1 Community Services

- The above information is reported to the community services infection prevention and cleanliness group.
- The infection prevention and cleanliness group reports to the clinical quality and safety sub committee, community services management board, community services performance management committee and the commissioning local health economy infection prevention and control committee.
- Additional reports are made to the medical devices and decontamination group.

8. Staff and Patient involvement in infection control issues

- The NPSA “cleanyourhands” campaign promotes patient involvement by the ‘OK to Ask’ initiative. Leaflets and posters are distributed on the wards encouraging patients to ask staff if they have cleaned their hands before any contact.
- Infection prevention is a standing item on local governance group agenda, with a cascade of information and feedback throughout the organisation.
- Over 150 Staff link workers in place.

SECTION 2

NHS Eastern and Coastal Kent Commissioning

1. MRSA Bacteraemias and *Clostridium difficile*

The Infection Prevention and Control Team and Committee monitor incidence of MRSA and *C.difficile* against trajectory and scrutinise root cause analysis and action plans that address breaches. Trends are monitored, emergent themes are discussed and actions agreed to share learning and improve practice across the local health economy.

2. Hygiene Code Compliance

The Infection Prevention and Control Committee, scrutinise and monitor compliance against the statutory hygiene code monthly, providers are asked to submit detailed action plans to address deficits and shortfalls. Milestones of action plans are monitored to ensure implementation and improve compliance.

3. Changes made in practice to improve infection control

- The Health Care Associated Infections Project development group scrutinises all root cause analysis and monitors actions to ensure identified learning is implemented in practice.
- The Infection Prevention and Control Committee, discuss the findings of root cause analysis and share learning, to improve practice across the local health economy
- Facilitation of workshops and conference to share learning and best evidence based practice across the local health economy.
- Have taken national drivers and initiatives for infection prevention and control and translated to local operational level
- Identified non NHS Health and Social Care providers and allocated resources to optimise principles and learning for robust hand hygiene practice.
- Participated in the national pilot and rollout of a standardised approach for root cause analysis.

4. Successes, challenges and issues in implementing the Hygiene Code

Infection Control Team in place:

- Head of Infection Prevention & Control
- HCAI Project Manager
- HCAI Data Analyst
- Team Secretary

Projects completed:

- Local Health Economy Transfer of Care Benchmarking Document
- RCA Train the Trainers
- Cleaning Standards Benchmarking Policy
- Hand Hygiene Media Campaign
- Antibiotic Prescribing Benchmarking Project
- Media Campaign

Benchmarking documents produced for:

- Management of Patients with *Clostridium difficile*
- Transfer of Care for Patients with *Clostridium difficile*/Diarrhoea
- Transfer of Care for patients with a Known or Suspected Infection/Colonisation
- Cleaning Standards Benchmarking Document

- Infection prevention and Control Key Performance Indicators for Hospital Matrons
- Key Performance Indicators in Provider Contracts
- Infection prevention and Control Key Performance indicators in EKHUT contract

World Class Commissioning framework

- Have a World Class Commissioning model in place to ensure infection prevention and control is a priority when seeking assurance of patient safety and quality with all commissioned services
- Have shared NHS Eastern and Coastal Kent's Infection Prevention and Control model across the South East Coast region

Root Cause Analysis

- Participated in the national pilot and rollout of a standardised approach for root cause analysis

5. Framework for assurance in Standards for Better Health

- Meetings have been held with each of the standard leads going through the guidance and making sure the leads are aware of what needs to be evidenced.
- Validation panels have been organised for the second week in February 09; they will be made up of a non-executive director and a director, neither of whom have any responsibility for the area of work in question, and an assistant director who is familiar with the area of work to provide additional clarification where necessary.
- The panel will examine the evidence provided to ensure there is sufficient to support a declaration of compliance. The Board will sign off the declaration in March ready to submit to the Care Quality Commission in April 2009

6. Performance Management

- Infection Prevention and Control is a standing agenda item for the Patient Safety and Quality Sub Committee
- Infection Prevention and Control is the first standard agenda item at Trust board meetings.
- The monthly local health economy infection prevention and control committee, monitors performance, progress and actions in the following areas:
 - Scrutinises provider performance against MRSA and Clostridium difficile targets
 - compliance with the statutory Hygiene Code
 - Deaths attributed to MRSA bacteraemia
 - Deaths attributed to *Clostridium difficile*
 - Deep cleaning and cleaning standards

- Clinical Quality Performance indicators, including MRSA screening, Hand Hygiene, Isolating and cohorting, Mandatory infection control training
- Immunisation and Vaccination data
- Health protection Unit reported outbreaks themes and trends
- Root cause analysis is scrutinised and assurance sought that actions and learning are implemented in practice
- Delays in transfer of care as a result of a healthcare associated infection
- Outbreak information and data for winter planning

7. Staff and Patient involvement in infection control issues

- Road shows were held in each of the 5 PCT localities on health and wellbeing. Members of the Board were available for a question and answer session and a presentation on infection control was undertaken at each of them.
- A media campaign was launched with KMFM and Kent on Sunday – Clean Hands, comprising of a series of “infomercials” regularly transmitted on the radio, interviews on the radio with our head of infection prevention and control and articles in the newspaper.
- Phase two of the media campaign working with schools to promote awareness of hand hygiene in the community.
- Members of our health matters group (members of the public) sit on 3 of our key committees that monitor infection prevention and control, the local health economy infection prevention and control sub committee, patient safety group and the clinical and quality sub committee.
- The PCT held a clinical conference in Dover “Engaging in Excellence” which was attended by clinicians and members of the public.

8. Conclusions

Infection Prevention and Control is a top priority for Eastern and Coastal Kent Community Services and NHS Eastern and Coastal Kent, as such it is embedded throughout the whole organisation. We have adopted a zero tolerance approach to all avoidable infections.

The systems and processes in place ensure robust and timely monitoring of incidences of healthcare acquired infection, thorough root cause analysis of each incidence and learning across the health economy.